death certificate

law requires that the

SERVE A T The said Course Comment of the said of the said

		DIVISION	OF STATISTIC	AL RESEA			N STREET, BA	LTIMO	RE 1, MARY	LAND	10
	_		00733		CERTIFICAT	E OF DEATH				111/2	8
1)	1.	PLACE OF DEAT	Kent		MARYLAND	o. STATE Mary	ce (Where decaesed /land	l livad, If i b. COUN			dmission)
		b. CITY OR TOWN write RURAL at	(if outside corporate ind give nearest town)	limits,	C. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporete I	mits, write	RURAL and giva	naarest tow	n)
-	_0			N (if not in ho	4 days	d. STREET ADDRESS	rtown				SIDENCE
1			ueen Anne		_	328 Car	non Str	et			NO M
1	3.	NAME OF DECEASED (Typs or print)		nj ami n	Middla Franklin	Boyer	4. DATE OF DEATH	Month 1	Day 22		62
		Male	Negre	WIDOWI	_ I THE FER THE SHARE _	10/15/92		(In years birthday) yrs.	Months Days	IF UNDER Hours	Min.
	F	arm lab	ATION (Giva kind of working life, even if re	tired)	and of Business or industriculture	Marylar	nd	country)		OF WHAT C	OUNTRY?
	13.	FATHER'S NAME	Unkn	_		14. MOTHER'S MAIDEN	Unknow.				1
		Conditions, if engaya rise to immedia), stating the causa last.	underlying DUE	(a) 300 (b) 10 (c) (c)		Thrombors			1	NSET AND I	
	CERTIFICATION	200. ACCIDENT V	WAS UNDERLYING TO CAUSE OF DEAT	20b. DES	NTRIBUTING TO DEATH BUT N				EN IN PART I(8)	PERFO	RMED?
	MEDICAL	20c. TIME OF INJ Hour e.m.	JURY Month, Day,	Year 2Dd. Whil	eNot While fac	ACE OF INJURY (Home, farm lory, streat, office bldg., atc	n, 20f. (City or to	vn)	(County)	/ ((Stata)
					ded the deceased from		19, to(
1		22a, SIGNATURE 22c, PHYSICIAN' NAME (Typ	KLUT	W. F	arr, MB.	A.D. PHYS. 22d. ADDRESS	MED. ST. DIRECTOR PH'		1/24,		DATE
		BURIAL, CREMA REMOVAL (Spacify DUZLAL) FUNERAL DIRECTO		HEREOF 162	23c. NAME OF CEMETERY		() COL) (City, tow	on or county)	JORE LANGE	.0

£ (* += Chartegown, \$ 470 dissentence Cente Chert Chert Chert Chert Industrial 125 Cherton Street Benjamin revolite Boyer 5 33 2 5001 r orgal stall . , . CONTRACTOR AND STREET TE., CONTRACTOR the same of the sa ingles , marabell . Carefoli the many that prompt to be sourced to The second display of the second of the seco

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where daceesed lived, If institution, Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 15 c. CITY OR TOWN (I þ He RURA Dand give meeres, lown) TUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO TO 3. NAME OF Month Dev Year DICEASED OF (Type or print) DEATH 19 6. COLOR OR RACE | 7. MARRIED DA1 (In years IF UNDER 1 YEAR IF UNDER 24 HRS and oigthdey) Hours WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? or foreign country) ing most of working life, gven if retired) 13. FATHER'S NAM 14. MOTHER'S, MAIDEN NAME Ξ. attending and ā Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO. 17. INFORMANT Address ova (Yes, no, of upkown) | (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only one ceuse per INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which geve rise to immediata cause DUE TO (a), stating the underlying ceusa last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 98 0 NO 20a, ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (State) Month, Day, Yeer 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19.1.2 and that death occurred at J.A.M., from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS DIRECTOR M.D. ADDRESS death. Page director, be filled DATE THEREO! 23dy LOCATION, (Gity, fown or county) (Stete) BURIAL, CREMATION, | 236. 23c. OR CREMATORY EMOVAL. S. 256. REGISTRAR'S 24 FUNERAL DIRECTOR'S 25e. REC'D BY REGISTRAR VR A15 (4) 15M 9/60 DATE

death

OR

HOSPIT

2651 Bullion Ballion med. Die K -- - I Har Mingh But Pater 12 18 a property of the The start of the start 机成体的 医人名罗斯 医水面 对原则 到 But 1/31/62 St plus starty - half last ithingeness death certificate be executed within 24

law requires that the

PHYSICIAN:

* U.S. Constitution of the See and the last of the last o The state of the state of n 241 The state of the statement lies.

1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
after after 2 should h.	1. PLACE OF DEATH a. COUNTY Kent 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY MARYLAND MARYLAND A. STATE Maryland Maryland Maryland
rithin 24 Wed in by the ss 1 and 2 ss 3 after death	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest fown) Chestertown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Georgetown d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
mpletely papers.	Kent & Queen Anne's Hospital P.O. Bex 3 YES NO STANDS NAME OF DECEASED (Type or print) Oliver Bacon Cebb DEATH 1 9 19 62
rate be ey ian and co ve carbon vent, went,	5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 98. DATE OF BIRTH 9. AGE (in years last birthday) 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
death certificate oding physician a please remove cond in any event	Supt. Sassafras Boat Co., Georgetown Md. New Jersey U.S.A. 13. FATHER'S NAME U.S.A.
is that the desion.	Joseph Cobb 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes WW 1 137-14-4120 Edith Kirkland Georgetown, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
N: The law require or attending physic e has been signed the burial-transit per burial, cremation, or	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave risa to immediate cause (a), stating the underlying cause last. (c)
HYSICIAN: e hospital or s certificate or use as the prior to bu	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH IN CONTRIBUTING CAUSE OF DEATH IN CONTRIBUTING CAUSE OF DEATH IN FITHER, NOTIFY MEDICAL EXAMINER
FDING Panel by the first that the fi	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Factory, street, office bldg., etc.) 4 work 19 19 19 19 19 19 19 1
on A State Der	21. I certify that (I) (this hospital) attended the deceased from OCT 1.5., 196. Ito AN 9., 196. Ithat (I) (we) last saw the deceased alive on AN 9. 196. I and that death occurred at 1.0 M, from the causes and on the date stated above 22b. SIGNATURE 22b. SIGNATURE ATTENDING MED. STAFF PHYS. THIS SIGNET OF THE SIGNET.
HOSPITA-	22c. PHYSICIAN'S NAME (Type) A. T. EETE D. D 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 23d. LOCATION (City, fown or county) (Stelp)
VR A15 (4)	24 FUNERAL STREET OF STREET SIGNATURE ADDRESS. ADDRESS. DATE JAN 1 5 '62 CATHUR S. THAMES

3800 apreze Years - ayab 2 anomemark. fact of the state figel neonl mentl x of 1000 unt. Cameralana nort ibs, surgerrouns, is substituted to the season and . I . - Subject dotte tile ...

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara decaesed lived, If institution, Residence before edmission) a. COUNTY • STATMarvland b. COUNTY Kent MARYLAND b. CITY OR TOWN (if outside corporate limits, C LENGTH OF STAY N 16 c CITY OR TOWN (flouts de corporete limits, write RURAL and give nearest town) write RURAL and give neerest lown? lifetime Chestertown Chestertown d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RES DENCE Lynchburg Lynchburg St. 3. NAME OF M. ddla Month DECEASED (Typa or print) William Hastings DEATH Jan. 17, 1962 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIEST B. DATE OF BIRTH 19. AGE (In years ! IF UNDER I YEAR IF UNDER 24 HRS. last birthday) | Months: 10, male W DOWED [10a. USUAL OCCUPATION Give kind of work 10b. K ND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE County & State, or foreign country) 1 12. C. TIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Kent Co. Maryland Lahorer various (thought to be 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Comegys George Hastings Marv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yas, no, or unkown) | (If yes give war or datas of sarvice Walter Miller - Chestertown, Md. 1B. CAUSE OF DEATH [Entar only one cause per time for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, Pettersocies IMMEDIATE CAUSE (a) DUE TO geve rise to Immadiate causa DUE TO (e), sleting the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUTING TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Consectine Houst Facture + NO 208 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 200 DESCRIBE HOW (NJURY OCCURED (Enter nature of injury in Part I or Part II of Itam 18.) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, , 20t. (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) Stata) factory, straet, office bldg., etc.) While Not While Hour e.m. et work el work 21. I certify that (I) (this hospital) attended the deceased from....... June............. 1958 to . J. n. 1963 that (I) (we) last saw the deceased alive on... 22a. SIGNATURE ATTENDING PHYS, DIRECTOR Chestertown, Md. NAME (Type) 230. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, fown or county) REMOVAL (Spacify) Fairlee Colored Cem. nr. Chestertown, Md. Buria 25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Chestertown, Md. 15M 9/60 11 Thur & Thrus





1*	i,	MARYLAND STATE DEPARTMENT OF HEALTH
1.		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
a lab		1111/11
afte	(NA	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence byfore admiss on) 5. COUNTY 5. STATE A./ 5. COUNTY
547	141)	Kent Maryland Maryland Nent
by the		b. CITY OR TOWN (if cuiside corporate I mits, c. LENGTH OF STAY IN 1b c. CTY OR TOWN (if outside corporate I mits, write RURAL and give nearest frown) write RURAL and give nearest frown)
n 2	11	Chestertown 70 grs Chestertown
withii	X	d. NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give stream ddrass) d STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO
etely sers		3. NAME OF First Middle Last 4. DATE Month Day Year OF
execut comple on pape thin 72		(Typa or print) E++ COSS HURBARD DEATH SAN 20 1962
d co bon vith		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
and carl		WIDOWED DIVORCED DIVO
ficat cian ove		10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working 1 fe, even if retired)
certifii physici s remo		None Mexico, Missouri U.S.A.
₹ 0.8°.≃	F	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME TO SEE T
dea ndin ple	(1)	Juggle James E. 19055 MIPIAM Elizabeth Warren
oval,		15. WAS DICEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unknown) (Ifyasgivawarordalasofsarvice) WILLIAM ROSS HUBBAT d Chiefulus
hat The		18. CAUSE OF DEATH [Enter only one cause par line for (s), (b), and (c).]
es l cian by armi		PART I, DEATH WAS CAUSED BY:
hysi hysi hed it pe		IMMEDIATE CAUSE (a)
sign ansign		Conditions, if any, which (b) ARTERIOS CLERUSIS
lav ndin een al-tr		gave risa to immediata causa
The attention of the buri	λ	(a), stating the underlying DUE TO
N: The or ather has the but burial,	0	
CIA pital fical fical as		PERFORMED?. YES NO PT
PSI hosp serti use vrior		20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part t or Part t of tam 18)
PH his for th		OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)
bed teal		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Aff etacles		Hour a.m. Whila Not While factory, street, office bldg., etc.)
S S S		21. 1 certify that (I) (this hospital) attended the deceased from
A M D P P		saw the deceased alive on
OR A nay be IREC should State		226. SIGNATURE 226. DATE SIGNED. STAFF 226. DATE
5 W		Reletan 7 /a Weele MD. PHYS. DIRECTOR PHYS. 1.206:
Page ERAL Page , page	- 1	22c. PHYSICIAN'S NAME (Type)
S N P	- 1	MILLIAM W. CTARLICE , TOON CHARLES DI , DALIO I MO
		238. BURIAL, CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. COCATION (City, toyer or county)
ပြီး ရှိသို့ ရှိ		2 FIDERAN DIRECTOR'S SIGNATURE ADDRESS A 1250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 9/60 (2	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES
13 7 100 }	MI	1 / Juny VI William John Mill Tolle
	7 1	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00740 PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) e. COUNTY • STATE Maryland **b. COUNTY** Kent Kent MARYLAND death by # b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Chestertown vears Chestertown .⊑ =. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Prospect Street Kent & Queen Anne Hospital (2 weeks YES NO sometimes 3. NAME OF 4. DATE Month DECEASED Irving Wadell Ervin (Typa or print, DEATH Jan. 5, 1962 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED . B. DATE OF BIRTH 5. SEX 9. AGE IIn years IF UNDER 1 YEAR IF UNDER 24 HRS. and lest birthdey) Months Hours 1919 male colored WIDOWED DIVORCED physician e remove 10a. USUAL OCCUPATION (Give kind of work 105. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE , County & Stete or fore on country) I 12. CITIZEN OF WHAT COUNTRY? dona during most of working fa, even if ratired North various Laborer USA Carolina 13. FATHER 5 NAME 14 MOTHER'S MAIDEN NAME <u>/E</u> attending | Then please ples (Unknown) Lucy Ervin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewerordatesofserver) James Munson Chestertown, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), ,b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: Metastatic carcinoma known Kot IMMEDIATE CAUSE (a) **DUE TO** arcinoma of the Stomach Not known Conditions, if any, which gave rise to immediate causa DUE TO (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO 1 CERTIFI 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) 20s. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, straat, offica bldg., etc.) Hour a.m. Whila Not While at work et work 19. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. .19 1..., and that death occurred at ... 150. From the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a SIGNATURE ATTENDING 1/5/62 SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS pag 22c. PHYSICIAN'S Chestertown, Maryland ath. Page NAME [Type] director, r 23d. LOCATION (City, town or county) 236. BUR AL, CREMATION, 236. DATE THEREO 23c NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Janes Cemetery Chestertown, Md. near Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Chestertown, Md VR A15 (4) > DATE JAN 1 2 '62 C' Thur & Thomas 15M 9/60



ġ	me.	CERTIFICATE OF DEATH	ARYLAND
afternera 2 should	M)	1. PLACE OF DEATH a. COUNTY Kent MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution, Report of the county of t	sidenca before admission) Kent
1 24 h	9	b. CITY OR TOWN (if outside corporate limits, write RJRAL and write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RJRAL and Chestertown) c. CITY OR TOWN (if outside corporate limits, write RJRAL and Chestertown)	give neerest town]
y fillac	X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address 426 Calvert St. 426 Calvert St.	a, 15 RESIDENCE ON A FARM? YES NO PE
recuted mpletel papers n 72 h		3. NAME OF DECEASED (Type or print) Kent Lomax Lomax 4. DATE OF DEATH Jan. 6, 1	962 Yeer
e ey		5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF JNDER 1 Y	''
and and carb		male coloredwidowed Divorced 9/29/62 1961 lest birthday Months 8	ys Hours Min.
icate sian ove		10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 12. CTIZ	EN OF WHAT COUNTRY?
certific physicia remov	1 /	none Kent Co. Md.	USA
rath of plants	ごノ	13. FATHER'S MAIDEN NAME	_
dea din ple		Frank Lomax June Johnson	_
the atter hen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unkown) (Ifyasgivawerordelesofservice) none June Johnson Lomax Chesterto	ran Md
that the the		18. CAUSE OF DEATH [Enter only one cause per lane for (a), (b), and (c).)	
res liciar by by ermi		BART I DEATH MAC CALICED BY	ONSET AND DEATH
shys ned ned sit p		IMMEDIATE CAUSE (e) Probable Pneumoni a	12 hours_
w req pp ph sign ransit	٧	Conditions, if enys which (h)	
e la indir ial-t		gave rise to immediate causa	
Thatte		(e), stating the underlying but to	
AN:	7	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY
Distriction of the second	(,	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED?
ned by the hose After this certain detached for us		20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. Enter nature of in ury in Pert 1 or Pert II of Item 1B. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	,
		20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Count Hour a.m. P.m. 19 et work at work	y) (Stete)
E S S		21. I certify that (I) (this hospital) attended the deceased from 1/6 19.62 to 1/6 62	, that (I) (we) last
FC Se		saw the deceased alive on 1/6	a date stated above.
DIR		228. SIGNATURE J. January Director STAFF 1/6	/62 226. DATE SIGNED
HOSPITA th. Page FUNERA ector, page filed with	- 1	22c. PHYSICIAN'S NAME (Type) Robert W. Farr 22d. AppRess Chestertpwn Maryland	
death. O FUI directo	6.	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Chestertown, Md. 23d. LOCATION (City, lown or county) Burial	(State)
¥R A15 (4)		24 tuneral director's Signature Chestertown, Md. 250. REC'D BY REGISTRAR'S SIGNATURE	SNATURE
15M 9/60	/-	DATE AN 8 '62 CHAIM 8 th	raceA



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00742 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Kent Kent Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outs de corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Lynch 13 days Chestertown within d. NAME OF HOSPITAL OR INSTITUTION ('f not in hospital, give street eddress) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? Kent & Queen Anne's Hospital YES NO completely executed 3. NAME OF Middle 4. DATE Month DECEASED Barber Lynch 1962 (Type or print) Harry DE A "H 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 8. DATE OF BIRTH . UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX AGE (In yes White last birthd Months Days Hours WIDOWED [DIVORCED F 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (CC & State, or foreign untry). done during most of working life, even if retired) Delaware U.S.A. Agriculture Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Amanda Hastings William T. Lynch 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service 09-1/20 Harry B. Lynch. 1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).__. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 13 da IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stelling the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16. 1 19. WAS AUTOPSY CATION PERFORMED? NO [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of 'njury in Pert I or Pert II of Item 18) 200. ACCIDENT WAS JNDERLYING | OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stelle) 20c. TIME OF INJURY Month, Dey, Year (County) factory, street, office b dg., etc.) While Not While Hour e.m. at work at work saw the deceased alive on 1- 20 .196. 2 and that death occured at ... P.M., from the causes and on the date stated above. 22e. SIGNATURE SIGNED **ATTENDING** DIRECTOR PHYS. -22d. ADDRESS 22c. PHYSICIAN'S restentown, Md 23a, BURIAL, CREMATION, 23b (Stelle) CEMETER 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- ap /		00743 CERTIFICATE OF DEATH 00739
afte s funera 2 shoule	M	1. PLACE OF DEATH a. COUNTY Kent MARYLAND 2. USUAL RESIDENCE (Whara decassed lived, If institution, Rasidanca bafora admission as STATE Maryland b. COUNTY Kent
within 24 h	X	b. CITY OR TOWN (if outside corporate I mits, write RURAL and give neerest town) Rural - Chestertown 10 years Rural - Chestertown, Md. d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address) At Home Tolchester Chestertown STREET ADDRESS ON A FARM YES NO
be executed ind complete arbon papers within 72 h		3. NAME OF DECEASED (Type or print) Ethel Martin Martin Martin Martin Jan. 6, 1962 19 5. SEX female Month Jan. 6, 1962 19 AGE (In years If UNDER 1 YEAR IF JNDER 24 HRS. Is JNDER 24 HRS. If UNDER 1 YEAR IF JNDER 24 HRS. Is JNDER 24
ath certificate ng physician a	1,	10a. USJAL OCCUPATION (Give kind of work of working I fe, even if refired) Registered Nurse & Housewife England 13. FATHER'S NAME William Charles Goodman 14. MOTHER'S MAIDEN NAME William Charles Goodman 15. CITIZEN OF WHAT COUNTRY USA 16. County & State, or foreign country USA 17. CITIZEN OF WHAT COUNTRY USA
es that the decian. by the attendin mmit. Then ple		15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yas, no, or unkown) (Hyosgivewarordelas of sarvica) John N. Martin Chestertown, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]
CIAN: The law required pital or attending physicitate has been signed as the burial-transit per to burial, cremation, or	U	PART I. DEATH WAS CAUSED BY:
SING PHYSI and by the hos After this cert stached for use of Health prion		2De ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 2De. TIME OF INJURY Month, Day, Year 20d. INSURY OCCURED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stets) While Not While factory, street, office bldg , etc.)
ITAL OR AT NI BY	а	21. I certify that (I) (this hospital) attended the deceased from left. I, 1961. to Jan. 6
death. Part of FUNE	0	23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C by, 'own or county) St. Paul Cemetery near Chestertown, Md. 24 FUNERAL DIRECTOR'S BIGMATURE ADDRESS 25b. REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 9/60	J.	Chestertown, Md. DATE JAN 8 '62 Color S. Knows



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
L TOTAL CO		00744 CERTIFICATE OF DEATH
after a funera shoulk)	PLACE OF DEATH a. COUNTY Kent 2. USUAL RESIDENCE (Where deceased I yed, H institution; Residence before admission on STATE Maryland b. COUNTY Kent
within 24 h		b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 1b write RURAL and give neerest lown) Chestertown adult life d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp teigres address) 404 Cannon St. (At Home) c. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest lown) Chestertown d. STREET ADDRESS ON A FARMINE OF HOSPITAL OR INSTITUTION (if not in hosp teigres address) ON A FARMINE OF HOSPITAL OR INSTITUTION (if not in hosp teigres address) ON A FARMINE OF HOSPITAL OR INSTITUTION (if not in hosp teigres address)
mpletely papers in 72 h	3.	NAME OF DECEASED (Type or print) Name OF DeceaseD (Type or print) Name OF Death Jan. 1, 1962
and co	f	emale T. Mark.EMX NEVER MARRIED B. DATE OF BIRTH 9, AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. 6 65 1 1 1 1 1 1 1 1 1
hysician remove	do	. JSUAL OCCUPATION (Give kind of work libb. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & Stere, or fore gn country) 12. CITIZEN OF WHAT COUNTRY Housewife & Paperhanger Kent Co. Maryland USA
ease d in, d	13.	Charles Mench Katie L. Gyser
at the de e attend Then pl oval, an	15. (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT s, no, or unkown] (Hyes give were or detes of services) 15-20-0951 Maynard Porter - Rock Hall, Md.
sician. d by the permit.		18. CAUSE OF DEATH (Enter only one couse per ine for (e), (b), end (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ONSET AND DEATH ONSET AND DEATH
aw requiling physic signer-transit		Conditions, if eny, which (b) (Snoperable) 6 mores
r aftend r attend has bee e burial rrial, cro		geve rise to immediate cause (a), slating the underlying cause lest. (c)
r hospital or certificate or use as the prior to but	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. YES NO X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in ury in Part II of Pert II of Idem 18.) OR CONTRIBUTING CAUSE OF DEATH
DING Praced by the After this etached for of Health	MEDICAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm., 20f. (City or town) (County) (Stele) fectory, street, office bidg., etc.)
CCTOR.		21. I certify that (I) (this hospital) attended the deceased from Dec. 26
AL OR SING		228. SIGNATURE ATTENDING PHYS. XX DIRECTOR PHYS. Jan/2/62 ATTENDING PHYS. DIRECTOR PHYS. Jan/2/62 ATTENDING PHYS. ZX DIRECTOR PHYS. Jan/2/62
Page NERI T, pag		NAME (Type) Wendell J. Burkett 111 Calvert St. Chestertown, Md.
death.		REMOVAL (State) Burial Jan. 4, 1962 Chester Cem. 23d. Location (City, town or county) Chestertown, Md.
VR A15 (4) 15M 9/60	24	Chestertown, Md. 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Chestertown, Md. DATE JAN 8 '62 Chillum & Kinum



315 Cannon St. 315 Cannon St. 315 Cannon St. 315 Cannon St. 316 Cannon St. 316 Cannon St. 317 Cannon St. 317 Cannon St. 318 Cannon St. 318 Cannon St. 319 Cannon St. 319 Cannon St. 319 Cannon St. 310 Cannon St. 310 Cannon St. 310 Cannon St. 311 Cannon St. 312 Cannon St. 315 Cannon St. 315 Cannon St. 316 Cannon St. 317 Cannon St. 318 Cannon St. 319 Cannon St. 319 Cannon St. 310 Cannon St. 310 Cannon St. 317 Cannon St. 318 Cannon St. 32 Cannon St. 33 Cannon St. 34 Cannon St. 34 Cannon St. 34 Cannon St. 34 Cannon St. 34 Cannon St. 34 Ca	1		MARYLAND STATE DEPARTMENT OF HEALTH	
PARCE OF DEATH C. COUNTY Kent C. STATE C. STA	_ '			(11741)
CITY OF TOWN Id along the comparise limits. Chestertown	funel	M	e. COUNTY B. STATE B. COUNTY	
A. NAME OF HOSPITAL OR NSTITUTION (** red in hosp bil. o we shreet eddress) 3.15 Camon St. 3.16 Camon St. 3.17 Camon St. 3.17 Camon St. 3.18 Camon St. 3	0 0		b. CITY OR TOWN (if outs de composte limits 1 c. FNGTH OF STAY IN 16 c. CITY OR TOWN (if outside composte limits write RURAL e	
315 Camnon St. 315 Camnon St. 315 Camnon St. 315 Camnon St. 315 Cannon St. 316 Cannon St. 317 NAME OF BECEASED Florence Robinson 4. Date of Beth Departed Jan. 15, 1962 19 Departed Jan. 15, 1962 10 Depa	affer	X		e. IS RESIDENCE
DECERSED DECERSED	ely fil		k Array	YES NOKIXI
female Colored Widowak Divorced Feb. 28, 1903 58 yr. Moonis Days Hours 168. USUAL OCCUPATION (Give land of work done during life, were if refired Housewife 105. KIND OF BUSINESS OR INDUSTRY 11 BIRTIPLACE (County & Sies, or force or country) 12. CHIZEN OF WHAT CO was a few of the country of the co	mpleta Pape n 72		DECEASED	207
10s. USUAL OCCUPATION [Give kind of work done winding most of working life, even it relieved to the relieved t	nd con			1 YEAR IF UNDER 24 HRS. Deys Hours Min.
Douglas Cland Laura Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unlowed [Hyespireweror deteasof service] Yes PART I. DEATH (Enter only one ceuse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (B) PART II. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (B) PODADLE STROKE OCCOMMISSION IN HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART I (e) 19. WAS AUGUST BY 19. BY 19	cale i lan ar ve ca vent,		10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stelle, or fore gn country) 12. C	TIZEN OF WHAT COUNTRY?
Second S	physic e remo		Housewife Kent Cp Md.	_usa
Second S	ding pleas	I	Douglas Gland Laura Jones	All the second s
18. CAUSE OF DEATH [Enter only one couse per line for [a], (b), end (cl.] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (b) DUE TO Conditions, if eny, which geve rise to immediate couse by the first per line in the underlying couse lest. Conditions, if eny, which geve rise to immediate couse but to get the underlying (c) DUE TO Conditions, if eny, which geve rise to immediate couse but to get the underlying (c) DUE TO Conditions, if eny, which geve rise to immediate couse but to get the underlying (c) Conditions, if eny, which get to get the underlying (c) DUE TO Conditions, if eny, which get underlying (c) Conditions, if eny, which get underlying (c) DUE TO Conditions, if eny, which get underlying (c) Conditions, if eny, which get underlying (c) DUE TO Conditions, if eny, which get underlying (c) Conditions, if eny, which get underlying (c) DUE TO Conditions, if eny, which get underlying (c) Conditions, if eny, which get underlying (c) DUE TO Conditions, if eny, which get underlying (c) Conditions, if eny, which get underlying (c) DUE TO Conditions, if eny, which get underlying (c) Conditions, if eny, which get underlying (c) DUE TO Conditions, if eny, which get underlying (c) Conditions, if eny, which get underlying (c) DUE TO Conditions, if eny, which get underlying (c) DUE TO Conditions, if eny, which get underlying (c) DUE TO Conditions, if eny, which get underlying (c) DUE TO Conditions, if eny, which get underlying (c) DUE TO Conditions, if eny, which get underlying (c) DUE TO Conditions, if eny, which get underlying (c) DUE TO Conditions, if eny, which get underlying (c) DUE TO Conditions, if eny, which get underlying (c) DUE TO Conditions, if eny, which get underlying (c) DUE TO Conditions, if eny, which get underlying (c) DUE TO Conditions, if eny, which get underlying (c) DUE TO Conditions, if eny, which get underlying (c) PART II. DEATH WAS AUSE (PART II. DEATH WAS AUSE (PART III. DEATH WAS AUSE (PART III. DEATH WAS AUSE (PART III. DEATH WAS AUSE	atter Then wal, a		(Yes, no, or unknown) (Ifyesgivewerordefesofservice)	stertown. Md
MMEDIATE CAUSE (e) DUE TO Conditions, if eny, which is ever rise to immediate cause (e), stating the underlying out to equal to	s man ian. y the mit. remo		18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	INTERVAL BETWEEN
Conditions, if eny, which gove rise to immediate cause (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO BE STORD THE STRING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO BE STRING TO BE STRING TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO BE STRING TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO BE STRING TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO BE STRING TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO BE STRING TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.(e) 19. WAS AUDITED TO THE TERMINAL D. S	hysic ned b iit per		IMMEDIATE CAUSE (e)	21101.0
(e), steting the underlying DUE TO Ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I(e) 19. WAS AU PERFORMANCE OF DEATH 19. WAS AUTOMATED IN STREET OF PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOMATED OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOMATED OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOMATED OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOMATED OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOMATED OF CONTRIBUTING TO DEATH SUPPORT OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOMATED OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOMATED OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOMATED OF CONTRIBUTING TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOMATED OF CONTRIBUTING TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOMATED OF CONTRIBUTING TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOMATED OF CONTRIBUTING TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOMATED OF CONTRIBUTING TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOMATED OF CONTRIBUTING TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOMATED OF CONTRIBUTING TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOMATED OF CONTRIBUTING TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOMATED OF CONTRIBUTION GIVEN IN PART I(e) 19. WAS AUTOMATED OF CONTRIBUTION GIVEN IN THE TERMINAL D. SEAS	ling p in sig		Conditions, if eny, which (b)	
PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II. 19. WAS AU PERFOR YES IN A CONTRIBUTING CONTRIBUTION CONTR	attendates berial burial		(e), steting the underlying DUE TO	
20c. TIME OF INJURY Month, Dey, Yeer While Start While Saw the deceased alive on 1/1519 162, and that death occurred to the date stated Saw the deceased alive on 1/1519 162, and that death occurred to the date stated Saw the deceased alive on 1/16/62 21. I certify that (I) (this hospital) attended the deceased from 9/19	ital or icate has the to buri			PERFORMED?
21. I certify that (I) (this hospital) attended the deceased from. 9/19	the hosp this certification and the certific			X
saw the deceased alive on . 1/1519 162, and that death occurred toAM, from the causes and on the date stated 22e. Signature	ned by After fetached		20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Company) Hour e.m. While Not While st work et work et work	ounty) (Stete)
22e. SIGNATURE 22e. SIGNATURE	TOR. Dept.			
M.D. PHYS. XX DIRECTOR PHYS. 1/16/62	State		22e. SIGNATURE 0 1 4 2	12b. DATE SIGNED
Robert W. Farr Chestertown, Md.	the state of the s		M.D. PHYS. XX DIRECTOR PHYS.	./16/62 SIGNED
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) [Ste		1		
Burial 1/20/62 Janes Cem. Chestertown, Md.	Head in the file of the file o	1	TOLIOVAL (Caralla)	
VR A15 (4) 15M 9/40 24 EUNERAY DIRECTOR SIGNATURE Chestertown, Md. 25e. REGISTRAR 25b. REGISTRAR'S SIGNATURE Outling 2. Human	VR A15 (4)	Ro	24 FUNERAN DIRECTORY SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS AND 19 62 AND 19 62	



	DIVISION OF STATISTICAL RESEARCH	DEPARTMENT OF HEALTH AND RECORDS — BALTIMORE 1, MARYLAND ATE OF DEATH (11)741	
	1. PLACE OF DEATH COUNTY Kent MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admiss o. STATE Maryland b. COUNTY Kent	sion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Still Pond lifetime	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town X Still Pond	
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION At Home (Dutchtown)	ONA	SIDENCE A FARM? NO 🔀
	(A)	Smith Death Jan. 13, 1962	Yeor 19
a _g	5. SEX female 6. COLOR OR RACE 7. MARRIED ₩ NEVER MARRIED □ DIVORCED □	B. DATE OF BIRTH 5/26/1912 9. AGE (In years list UNDER 1 YEAR IF UNDI Months Days Hours yrs	Min.
*	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working big-even if retired) HOUSEWITE	ISTRY 11. BIRTHPLACE (Stote or foreign country) Kent Co. Maryland USA	COUNTRY
	13. FATHER'S NAME Howard Milligan	14. MOTHER'S MAIDEN NAME Anna Frisby	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. (17. (19. no. or unknown)) (11. (19. no. or unknown)) (11. (19. no. or unknown)) (11. no. or unknown)	Address Alonza Milligan Still Pond, Md.	
		n & Beginnens This	
	Conditions, if ony, which gove rise to immediate couse (o), stating the under:	5 igro)
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	PERFO YES [AUTOPSY DRMED?
	20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED While Not while of work of work	LACE OF INJURY (Home, form, 20f. (City or town) (County) octory, street, office bldg., etc.)	(Stote
	sow the deceased alive on	death occurred of 24 M. from the couses and an the date stated	
1	22c. PHYSICIAN'S	M.D. ATTENDING MED. DIRECTOR DIRECTOR Jan. 13, 22d ADDRESS Chestertown, Maryland	196
	230. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City, town, or county) (Stol	te)
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chesterte	250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE	
		1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Still Pond d. NAME OF HOSPITAL (if not in hospital, give street oddress) OR INSTITUTION At Home (Dutchtown) 3. NAME OF DECEASED (bype or print) 5. SEX 6. COLOR OR RACE FEMALE COLOR OF RACE FUNDOWED 100 USUAL OCCUPATION (Give kind of work done) Or CONTRIBUTING (Give kind of work done) Or CONTRIBUTION (Give kind of	PLACE OF DEATH COLUNTY Kent Column Column



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY ON 747 CERTIFICATE OF DEATH	17742
\$ 04 M	1. PLACE OF DEATH e. COUNTY Kent Maryland 2. USUAL RESIDENCE (Where decessed lived, If institutions Resident e. SYATE b. COUNTY Queen	Anne /
s 1 and in by the standard in by	b. CITY OR TOWN (if outside corporate limits, write RURAL and give write RURAL and give nearest town) Chestertown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) Kent & Ottown Applies Hospi	e, IS RESIDENCE
pape 172	3. NAME OF DECEASED First Middle Last 4. DATE Month Dev OF OF DECEASED Type or print Doris Ann Starkey DEATH January 31	19 62
e carbo	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in yeers lest birthdey) 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN C	Hours Min.
nysi ny	Infant Baby Kent Co; Md. U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	•
ding please nd in	Donald J. Starkey Betty Jane Kimble	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewerordelesofservice) None Donald J. Starkey, Sudlersville, Me	d.
r attending pnysician. has been signed by it burial-transit permit. urial, cremation, or rem	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Pneumo Pleuro My of 3-D H, S OI Conditions, if eny, which geve rise to immediate ceuse (b), steting the underlying ceuse lest. OI Atypical Pneumonia OI OI OI OI OI OI OI OI OI O	ITERVAL BETWEEN NSET, AND GEATH DEATH
is certificate for use as the prior to but	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) HISTORY OF COOLD FOR INTERPRET TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 200. ACCIDENT WAS UNDERLYING TO COURSE HOW INJURY OCCURED. (Enterwieture of injury in Pert I or Pert II of flom 18.) OR CONTRIBUTING CAUSE OF DEATH (IF BITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO
£-n-=	20c. TIME OF INJURY Month, Dey, Year Pour Pour Pour Pour Pour Pour Pour Pou	(State)
ECTOR ould be o	21. I certify that (I) (this hospital) attended the deceased from Oct 30, 196/, to Jan 3/, 1962 saw the deceased alive on Dec 15 196/., and that death occurred at 5.0 M, from the causes and on the deceased alive on Dec 15 196/	late stated abov
Fage May	220. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR	22b. DATE SIGNE
Z 2 0 _	NAME (Type) Thomas J. Solon Chestertown, Md. 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Iown or county)	(Stete)
	Burial Feb. 2, 1962 Sudlersville Cemetery Sudlersville,	Md.
VR A15 (4) 15M 9/60	Edward Fellows, Millington Mile Date FEB 5 '62 Outling &	4

Calendary Carried N . TOTAL TO A COM collection poles in the acher with the state of the sta reserve surrently a set popular - habb stylee a as dayer size a graciand of Little office to the property of

A DESCRIPTION OF THE PROPERTY OF THE PROPERTY

union 2 - Promote The merchanic on the design of the design

THE RESERVE OF THE PROPERTY OF THE PARTY OF

with medical alleged alleged in the